CHAPTER OVERVIEW

This chapter offers guidelines for the selection of a placement resource, as guided by the child's needs. It also includes information about various placement options and the process of preparing a child for placement.

4.1 Definitions and Purpose

At times the family and the Children's Service Worker's best efforts to minimize risk to a child's safety, security and growth in his own home are unsuccessful, necessitating out-of-home placement. Selection of the most appropriate placement resource is guided by the assessment of the child's unique needs and personality, and the placement provider's capacity and skills in meeting those needs.

Related Subject: Chapter 4, 4.3.1, of this section, Child's Assessment Guideline.

4.2 Guidelines for Initial Placement Resource Selection

1. The Children's Service Worker shall advise the parents that:

   A. Placement shall be in the least restrictive setting needed that serves the child's best interest and special needs.

B. Missouri Statute, 701.336, Section 1.1 RSMo, states children shall be promptly returned to the care and custody of a non-offending parent entitled to physical custody of the child if:

1) The parents have continuously maintained joint domicile for a period of at least six months prior to the alleged incident or the parents are maintaining separate households, and;

2) Evidence indicates only one of the parents is the subject of an investigation of abuse or neglect, and;

3) The non-offending parent does not have a history of criminal behavior, drug or alcohol abuse, child abuse, or child neglect, domestic violence, stalking, or full orders of protection entered against them within the past five years, and;

a. The worker shall request that a local or state low enforcement agency or juvenile officer immediately conduct a name-based criminal history record check to include full orders of protection and outstanding warrants by using the Missouri Uniform Law Enforcement System (MULES) and the National Crime Information Center (NCIC) to initially assess whether the non-offending parent holds a criminal history.

4) The parents are maintaining joint domicile and the offending parent is removed from the home voluntarily or involuntarily, or the parents live separately and the child is removed from the home of the custodial parent; and;

5) A non-offending parent requests custody of the child and agrees to cooperate with any orders of the court limiting contact or establishing visitation with the offending parent and the non-offending parent complies with such orders.

C. Section 210.565, RSMo, requires the Division to give preference and first consideration for foster care placement to a relative of a child.

If a grandparent does have either legal custody or legal guardianship, is 50 years of age or older, he/she may qualify under the Grandparents as Foster Parents (GAFP) program. The child must meet a needs test. This would be an excellent resource for grandparents and children whose only need for assistance is financial.

If no grandparent is willing to participate in the GAFP program, eligible kinships, age 50 or older, who obtain either legal guardianship or legal custody, may also qualify for the GAFP program.

Grandparents who are under 50 years of age still may be eligible to participate in the GAFP program, however the level of assistance is limited.

The subsidized guardianship program provides eligible relatives or families with the same services that adoptive parents would receive under the Missouri adoption subsidy program. Relatives who qualify for this type of subsidy are grandparents, aunts, uncles, and adult siblings who have legal guardianship of a qualified minor child. A qualified child is a child who is or has previously been in the custody of one of the following: Children's Division (CD), DYS, DMH or a licensed private child caring/placing agency and who meets the special needs requirements.

C. Placement shall be in reasonable proximity to the child's parents while accommodating the child's special needs.

D. Siblings and minor parent and child should be placed together whenever possible.

E. Placement shall be made with a family that can best preserve the cultural identity of the child.

2. The Children's Service Worker shall explain to the family that possible placement resources for the child may include:

A. Non-Custodial Parent - This placement is preferred if the parent can meet the child's needs and is supportive of the case plan.

B. Kinship Placement - This placement is recommended if the resource is supportive of the case plan.

NOTE: Placement with non-custodial parent, kinship or close personal friend should be considered continually, not only during initial placement.

C. Foster Family - This resource is recommended for a child of any age who can benefit by placement in a family setting and in a community where access is available to schools, friends and resources. Different foster families provide specialized levels of care, which are designed to meet the special needs of children.

D. Foster Family Group Home - This resource is recommended for a child who is a member of a sibling group and/or for a child who can use peer support and needs to have easy access to school, friends, and community resources while remaining in a family setting.

E. Emergency Residential Placement - This resource is recommended when the child's needs require an extensive evaluation and/or structure and supportive services. This is a placement until the needs of the child can be determined

or until a placement in a residential treatment facility is available which can meet the child's specific needs.

F. Residential Treatment Facility - This resource is recommended when the child needs a highly structured environment and extensive supportive services.

G. Psychiatric Hospital Placement - This resource is recommended when the child's emotional disturbance is so severe that the child is a danger to themselves or others. Psychiatric hospital placement should only be used when a less restrictive setting cannot better meet the child's needs. Psychiatric hospitalization is for evaluation only and is not considered a "permanent plan." Prior to psychiatric hospitalization, the Children's Service Worker shall refer the child to the psychiatric diversion program according to local guidelines.

3. The Children's Service Worker and family (parent and child) discuss which of these options would be most appropriate for the child.

4. The Children's Service Worker and family (parent and child) select the most appropriate resource and proceed to implement the steps to place the child in the resource selected.

4.3 Assessment of the Child/Child's Needs

The Children's Service Worker will have varying degrees of knowledge about the child's needs at the time out-of-home placement becomes necessary to ensure the child's safety. When an out-of-home placement is needed for a child unfamiliar to the worker, placement in an assessment home, residential treatment facility or psychiatric hospital should be considered to assess the child's needs. An assessment home is the preferred setting for the assessment. However, residential treatment facilities might be more appropriate for those children who appear to have serious/severe emotional and/or behavioral problems requiring stabilization and treatment. Inpatient psychiatric care should be considered only for those children who pose an immediate danger to themselves or others.

If placement results in the child attending a different school, the child's records shall be automatically transferred within two days of notification or upon request of the foster parents, GAL, or the volunteer advocate and when possible, the child shall be allowed to continue attending the school he or she attended prior to being taken into custody of the Division.

Related Subject: Chapter 4, of this section, Attachment C, Assessment Homes.

A thorough assessment of the child's unique needs and personality requires the Children's Service Worker to observe the child and collect information from a number of

sources. The most important sources of information are the parents and child. Other sources might include:

- Kinships;
- Family friends;
- Care givers;
- Location of parents; and
- School personnel;
- Medical personnel;
- Therapist/psychologist.

The child and family can help the Children's Service Worker identify the persons who know the child best. Once a thorough assessment is completed, the following factors should be considered in selecting an appropriate placement resource for the child:

- Relationship to parents, siblings and other adults and peers;
- Age and sex;
- Ethnicity/culture/religion;
- Child's strengths;
- Location of parents;
- Response to separation from parent/caretaker;
- Skills, talents and areas of interest;
- Physical health;
- Emotional/mental health;
- Academic performance/educational needs;
- Unique personality characteristics;
- Behavior;
- Placement history;

- Child's preference; and

- Response to separation from parent/caretaker.

Information amassed during the assessment should be thoroughly and accurately presented to the placement provider to allow them to assess their capacity to meet the child's needs. Withholding information from the placement provider or gathering information "along the way" after placement, increases trauma for the child, placement provider and biological family. A more appropriate, less stressful placement occurs when pertinent information is shared before placement.

4.3.1. Child's Assessment Guideline

Child's Assessment

A thorough and accurate assessment is critical for each child requiring out-of-home placement. The assessment assists in the selection and preparation of the most appropriate placement provider, developing treatment plans and ensuring that the child's unique, cultural, social, physical and emotional needs are met while in an out-of-home placement. The assessment should be completed as soon as possible after the determination is made that out-of-home placement is imminent. However, the assessment is not a static process and should be revised and adapted as the Children's Service Worker gains more knowledge and the child changes. The worker should complete a reassessment every 90 days or more frequently as needed, i.e., change in permanency goal, replacement, etc. Information for the assessment may be collected from one or all of the following sources:

- Direct interview with the family (parent and child). The family is the best source of information regarding themselves;

- Observations of the child at home, in the community and at school;

- Making collateral contacts with kinships, friends of family, day care provider, school, other individuals, agencies or organizations involved with the child; and

- Referring the child for professional evaluations, i.e., physical, emotional, educational, etc.

The child's assessment should include the following information:

- Name: Including the name the child prefers to be referred to by;

- Date of birth and age;

- Race, religion, and culture: The Children's Service Worker should not assume this information based on the child's physical characteristics or the heritage of one or more parents. Ask the child how he perceives his race/cultural/religious identity;

- Physical description: height, weight, hair, eyes, etc;

- Personality;

- Family environment: rural, suburban, urban, apartment, house, shelter, etc;

- Family relationships: Whom did child live with? What was his relationship with parents, siblings, and other household members? What was the child's status in family, i.e., first, middle, youngest? What was child's role in the family?

- Relationships with others: kinships, family friends, peers, teachers, group leaders, i.e., coach, Boy Scout leader, Sunday school teacher, etc;

- Habits/routines: sleeping, eating, bathing, etc;

- Talents/hobbies/interests;

- Favorite toys/possessions;

- Physical health: injuries, illness, disabilities, medications (type, dosage, frequency, side effects) and treatment;

- Emotional health: avoid using jargon and labeling, i.e., rather than using the phrase conduct disorder, describe behavior as difficulty concentrating, moves about frequently, etc. Describe any medication (type, dosage, frequency, side effects, etc.) and treatment child is receiving;

- Education: Grade level, I.E.P. special classes, extracurricular activities, and special achievements/honors;

- Behavior: Positive and negative. Normalize child's behavior without inappropriate labeling, i.e., three-year-old playing with matches and setting a fire should not be labeled as "fire starter." Fifteen-year-old who experiments with drugs/alcohol should not be labeled as a substance abuser. Use behaviorally specific terms rather than catch phrases such as "acting out," "aggressive," "compliant," etc. What precipitates negative behavior?

- Strengths: Review the above and, with the parent and child, itemize each of the child's strengths.

- Needs: Review the above and, with the parent and child, itemize each of the child's needs.

The child's assessment should be used in conjunction with the family assessment in developing the treatment plan. Copies of the assessment should be provided to each member of the Family Support Team and one copy should be retained in the case record.

4.4 Placement Options

After thoroughly assessing the needs of the child, the Children's Service Worker must carefully explore the capacity and skills of available placement providers and their ability to meet the child's needs and facilitate the desired outcome. The following is a list of possible placement resources to be considered for a child:

4.4.1 Kinship Care

Kinship care is full-time nurturing and protection of children by persons related by blood, marriage or adoption and non-related persons whose lives are so intermingled with the family that the relationship appears as one of a blood relationship. The relationship should be respected on the basis of individual, family and cultural values, and emotional ties. The Children's Division must license individuals interested in providing kinship care. However, a child may be placed with a kinship caregiver pending licensure, and when ordered by the court. Kinship care may be appropriate if the kinship or friend is able to:

- Meet the safety, protection, developmental, cultural and permanency needs of the child;

- Maintain or rebuild parent-child relationships, and help parents stay connected with their children if not regain full-time care and custody;

- Ensure permanency for children with their families; and

- Minimize the loss of family and family history.

Related Subject: Chapter 12, of this section, Kinship Care.

4.4.2 Foster Family Care

A foster family placement may be appropriate under the following circumstances:

- Child's needs can be met in a family and community-based setting with access to schools, friends, and resources;

- Time is needed to locate/select an adoptive home or other permanent placement for the child;

- Child has been in residential treatment and the placement will ease the transition from a highly structured environment to a family and community-based setting; and

- Adolescent mother requiring out-of-home care for herself and her child.

4.4.3 Emergency Foster Care

Emergency foster homes are utilized for short-term placements. These homes are licensed foster homes who have signed contract, "Cooperative Agreement for the Purchase of Emergency Foster Care". Emergency foster care placements are limited to 60 consecutive days per child. Approval of the area office is not required. After a chills has spent 60 days in an emergency foster placement, the system will automatically change the code on the SS-61 to reflect a standard level of maintenance payment.

- The child is in danger of serious harm or injury; and

- A relative/kinship home is being pursued but a placement is needed while criminal and CA/N background screenings are being completed; or

- There is no appropriate foster home available other than the emergency home; or

- The child has been in an out-of-home placement which has disrupted and/or is in crisis.

NOTE: Keep in mind each move is a disruption for the child.

4.4.4 Behavioral Foster Family

A behavioral foster family is utilized to achieve specific treatment goals. Behavioral foster parents have acquired skills in managing and modifying problematic child behaviors. Behavioral foster care is not an emergency placement or first placement. Upon successful completion of a behavioral foster care program, the child may move to a less structured setting, i.e., foster family care or return to the biological parent. Behavioral foster care should be considered for those children with the following presenting problems:

- Behaviors which if not modified could result in the youth being designated as a status offender;

Related Subject: Chapter 14, of this section Behavioral Foster Care.

- History of irresponsible or inappropriate sexual behavior, which has resulted in the need for extraordinary supervision;
- Threatening, intimidating or destructive behavior which is demonstrated by multiple incidents over a period of time;
- Problems of defiance when dealing with authority figures;
- Significant problems at school that affect academic achievement or social adjustment;
- Significant problems with lying, stealing or manipulation;
- Significant problems of temper control;
- Mild substance abuse problems;
- Oppositional behavior which contributes to placement disruptions and inability to function productively with peers, parent figures, birth family, etc.;
- Any of above behaviors, coupled with medical problems; or
- Any of above behaviors displayed by one or more children of a sibling group, qualifying the entire sibling group for placement together, if appropriate. However, not all children would be eligible for the BFC maintenance rate, only those staffed and approved for the program.

Working with the Child with Developmental Delays

Children with developmental delays may, or may not, be appropriate for Behavior Foster Care (BFC). Appropriateness for BFC should be based on evaluation of the clinical and behavioral characteristics surrounding that particular child. Children should not be ruled out for BFC based solely on the singular characteristic of an IQ score falling below 65. Instead, the team should consider a variety of information, including the following:

- Child's functioning level
- Severity of developmental delays

- Ability for self-care
- Type of behavior problems
- Level of physical aggressions
- Age
- Compliance
- Need for supervision
- Strengths
- Challenges

The Department of Mental Health/Division of Mental Retardation and Developmental Disabilities (MRDD) can be very valuable in providing expertise about and support for these children and their foster parents or caregivers. If a referral for services to MRDD has not been made in these instances, the case manager should do so immediately by contacting the appropriate MRDD Regional Center.

4.4.5 Medical Foster Family

A medical foster family is utilized to meet the needs of a child with extraordinary medical needs. Medical foster parents must have medical training and/or knowledge specific to care for the unique medical needs of the child. This training/knowledge is child specific and provided by the doctor/hospital for the child as needed and as prescribed by the attending physician. A medical foster family may best meet a child's needs if the child requires a minimum of six (6) hours of care per day beyond that of a child at the same age without medical/developmental problems. Medical foster care may be appropriate for children who need the following:

Related Subject: Chapter 15, of this section, Medical Foster Care

- Assistance in bathing, clothing, feeding;
- Braces, bedrest, wheelchair;
- Injection of medication;
- Special diet;
- Apnea monitor;

- Frequent doctor/hospital visits;
- Excessive laundry, precautions, care of equipment; and
- Continuous supervision by mature or skilled adults.

4.4.6 Career Foster Family

A Career Foster Family placement is utilized to meet the needs of children with serious emotional and behavior problems who qualify for the Career Foster Care (CFC) program. This resource provides intensive individualized intervention in a family and community-based setting to prevent unnecessary and inappropriate placements of children in highly structured environments. Career Foster Parents have acquired the knowledge and skills necessary to serve as the primary change agent for children placed in their care.

Related Subject: Chapter 16 of this section, Career Foster Homes/Individualized Care.

A career foster home may best meet a child's needs if:

- Because of presenting problems these children would be in a moderate level or above residential treatment facility or psychiatric hospital; or
- Has been discharged from a residential treatment facility or psychiatric hospital and are unable to function in a foster family home.

Presenting problems displayed by the child or diagnoses requiring individualized care may include the following:

- History of suicide attempts, suicidal thoughts, statements and/or gestures;
- Affective disorders;
- Attention Deficit Disorder;
- Post Traumatic Stress Disorder;
- Eating Disorder;
- Panic Disorder;
- Fears/phobias;

- Obsessive/Compulsive Disorders;
- Oppositional Defiant Disorders;
- Depression/withdrawal;
- Disassociative behaviors, blank out, pass out, seizures;
- Anger/rage;
- History of fire setting;
- Destructive of property;
- Failure to form emotional attachments; and
- Multiple short-term placements.

Working with the Child with Developmental Delays

Children with developmental delays may, or may not, be appropriate for Career Foster Care. Appropriateness for CFC should be based on evaluation of the clinical and behavioral characteristics surrounding that particular child. Children should not be ruled out for CFC based solely on the singular characteristic of an IQ score falling below 65. Instead, the team should consider a variety of information, including the following:

- Child's functioning level
- Severity of developmental delays
- Ability for self-care
- Type of behavior problems
- Level of physical aggressions
- Age
- Compliance
- Need for supervision
- Strengths
- Challenges

The Department of Mental Health/Division of Mental Retardation and Developmental Disabilities (MRDD) can be very valuable in providing expertise about and support for these children and their foster parents or caregivers. If a referral for services to MRDD has not been made in these instances, the case manager should do so immediately by contacting the appropriate MRDD Regional Center.

4.4.7 Department of Mental Health Therapeutic Foster Family Homes and Missouri Alliance Foster Homes

Department of Mental Health

DMH foster homes operate to serve children with severe emotional disorders and/or developmental delay. Children served in this type of home may receive services jointly from the Department of Mental Health and Children's Division. The Division recognizes the DMH license and with DMH consent, staff can utilize these homes for placement of children in CD custody. Department of Mental Health homes may not be available in every area and the number of homes total statewide is limited. Supervisory consultation must be sought in securing a Department of Mental Health placement and confirming that the family is DMH licensed.

Missouri Alliance for Children and Families

The Division recognizes traditional and BFC/Career foster homes who have received their training from the Missouri Alliance, in accordance with Division requirements, under an inter-agency agreement with the Alliance. The Missouri Alliance uses the same training curriculum for traditional foster care and for specialized foster care as Division staff. Supervisory consultation must be sought in securing a Missouri Alliance placement and confirming the family is licensed.

NOTE: Missouri Alliance may waive, as is permissible under Division policy, the requirement of one year as a licensed foster parent for Career and BFC.

4.4.8 Foster Family Group Home

This placement resource should be considered in the following circumstances:

- Child is part of a sibling group, and needs can best be served by keeping the children together;
- Child is mildly to moderately acting out and can benefit from peer support in a group setting;
- Child can tolerate sharing adult attention with other children;

- Child has been in residential care, and placement with a family will ease the transition to the child's own home or other permanent placement; and

- Child is pregnant and unmarried and needs to maintain confidentiality or work through related problems with her family.

NOTE: This type of home is not recommended for any child under the age of six unless the child is a member of a sibling group.

4.4.9 Residential Treatment

This placement resource should be considered for children who need structured and therapeutic intervention provided in a residential treatment setting. Placement in a residential treatment facility must be time-limited and treatment focused so that the child can transition to family and community-based care as soon as possible.

1. Residential Treatment - moderate level may best meet a child's needs if:

   - Child has mild to moderate social, behavioral, educational and emotional problems;

   - Child is in need of a diagnostic assessment;

   - Child needs assistance in educational, religious, recreational and/or socialization experiences;

   - Child displays behaviors such as running away, school truancy, incorrigibility, sexual misconduct, drug experimentation, physical display of intense anger, verbal or physical abuse toward authority figures;

   - Child is of average intelligence and exhibits adequate responses to reality testing, and can function in a regular or alternate community school or can benefit from on-site tutorial or educational services where available;

   - Child needs structure and supportive services not available in a foster family or foster family group home;

   - Child is emotionally disturbed and his/her past experience is such that he/she is unable to maintain in a foster family or adoptive home; and

   - Child is in need of more structure, but still can function in an open environment where he/she can be studied and observed by the child care staff, Children’s Service Workers, psychiatrist and psychologists,

and where a diagnosis can be made and treatment plan can be developed and implemented.

2. Residential Treatment - severe level may best meet a child's needs if:

- Child's emotional disturbance is so severe as to require comprehensive, intensive treatment and services, i.e., severely aggressive, chronic enuresis or soiling, chronic running away, fire setting, sexually acting out, bizarre sexual behavior, chronic truancy, incorrigible, drug usage, suicidal gestures, chronic nightmares, extreme temper tantrums, severe relationship problems;

- Child is depressed, has low frustration tolerance, neurotic and personality disorders, psychosomatic illness, retarded emotional development, mild or severe forms of anorexia and thought or affect disorders, (i.e., jumbled speech pattern, inappropriate response);

- Child is a danger to self or others, or is severely withdrawn;

- Child cannot function in a public school setting because of his acting-out behavior and/or severe learning deficits;

- Child needs extensive professional help in areas of social skills, learning skills, and/or motor skills;

- Child exhibits behaviors that require a highly structured setting providing intensive treatment services.

3. Residential Treatment - intensive need level may best meet a child's needs if:

- Child was previously receiving care in an acute care hospital, but does not currently need inpatient psychiatric treatment; or

- Child is demonstrating treatment needs which require the following services:

  - Psychiatric supervision and review of the child's individual treatment wherein the psychiatrist has personal contact with the child no less than once every 30 days;

  - Treatment encompassing a coordinate plan using, at a minimum, group and individual therapeutic modalities consistent with the needs of the child; and

  - Classroom education (required by law) provided in a school located at the provider's facility.

Related Subject: Chapter 18, of this section, Residential Rehabilitative Treatment Services.

4.4.10 Emergency Shelter

Short-term resource for children requiring an immediate, temporary living arrangement in an open facility where their safety and supervision is ensured through an organized program of age appropriate activities.

4.4.11 Inpatient Psychiatric Hospitalization

Inpatient psychiatric hospitalization is the most restrictive placement resource. Any child who is exhibiting serious emotional behavior and disturbance, which pose a danger to him or others and is being considered for this level of care, must be referred to the local Psychiatric Diversion Screening Team. The screening team will assess the child's needs and develop a treatment plan. Members of the Psychiatric Diversion Screening Team should represent the agencies in the community who work with youth, i.e., schools, mental health, foster parents, juvenile officers, as well as the biological family and the Children's Service Worker and supervisor. The worker must consult with their supervisor and court order obtained prior to placing a child in a psychiatric hospital for either inpatient treatment or evaluation.

Related Subject: Chapter 20, of this section, Psychiatric Hospital Placement and Psychiatric Diversion.

4.4.12 Transitional Living

This placement resource should be approached as a continuum of care as our youth transition to adulthood and independence. Youth who have spent much of their adolescence in residential care may require a transitional program to acquire the skills necessary to live as an adult. Many transitional living programs operate as part of, or under the auspices of, residential treatment facilities, such as transitional living group homes and scattered site apartments.

In addition to group homes and scattered site apartments, transitional living advocate placements are available to youth. The advocates are recruited for the specific youth and provide a home-like setting for them. Advocate placements should be able to function basically on their own and are in need of a supportive home. Transitional Living Arrangements may best fit a youth's needs if they are in need of placement in a supportive environment where there is an opportunity to learn and utilize skills necessary to live as an adult.

4.4.13 Independent Living Arrangement

Related Subject: Chapter 21, of this section, Chafee Foster Care Independent Living Program (CFCIP).

This placement resource may best meet a youth's needs if:

- Youth is at least sixteen (16) years of age;
- Youth is under court jurisdiction and in the custody of the Children's Division;
- There is no likelihood of reunification with parent/legal guardian;
- Life skills inventory (CS-3) has been completed;
- Youth has successfully graduated from a life skills instruction program;
- Youth is able to demonstrate competency in life skills;
- Youth is able to live independently;
- Manage own finances and maintain own residence
- Youth has demonstrated pattern of responsible conduct for at least six (6) months;
- No criminal law violations;
- School performance, if applicable, equal to capabilities;
- Has exhibited reasonable money management skills;
- Youth is attending an educational or vocational school and/or employed; and
- Youth has a self-developed plan for independent living.

The child may require support services to successfully live independently. The case manager and youth will determine the type and frequency of services jointly.

Related Subject: Chapter 21, of this section, Chafee Foster Care Independent Living Program.

4.5 Selecting the Placement Resource

NOTE: In order to comply with section 210.565, RSMo, and to avoid unnecessary disruption for the child, the Children's Service Worker shall complete the non-custodial parent/kinship selection and placement process prior to considering other placements. Documentation of reasons a non-custodial parent/kinship placement cannot occur must be in the record.

Public Law 92-942 and section 210.565, RSMo, require the Division to give preference and first consideration to a relative/kinship of a child when out-of-home placement is necessary. If a non-custodial parent or relative/kinship cannot be located prior to placement, efforts to do so must be documented in the record. Placement with non-custodial parent, relative/kinship or close family friend should be considered continually, not only during initial placement.

In the event there is no non-custodial parent, relative or kinship placement available, or if that resource is found unacceptable, the Children's Service Worker shall use the information obtained from the family regarding the child's placement needs to make an appropriate placement match.

1. The initial placement should ideally be carefully selected based on the child's needs and the foster parent's capacity to meet those needs. Mismatched placements may result in multiple placements, loss of cultural identity or inadequate care and lead to unnecessary trauma to the child. The initial placement should ideally be the child's only placement until he can safely return home or otherwise achieve permanency. In determining an appropriate placement match for the child, the Children's Service Worker shall consider the following information regarding the child and the foster parent's capacity for meeting the child's needs:

   A. Age, health - nutritional status, sex;

   B. Religious and cultural needs;

   C. Developmental stage, level of school achievement, school behavior;

   D. General behavior;

   E. Relationship to parents, siblings, other adults and peers;

   F. Effect of abuse or neglect experience(s);

   G. Response to separation from parent or other caretaker;

   H. Talents, vocational desires and interests;

   I. Legal status of each parent and their potential involvement in the placement;

   J. Other indicators, which will assist in determining most appropriate placement.

2. Secure any special evaluations if increased knowledge is needed to complete a comprehensive assessment of the child's needs.

3. Decide appropriate placement resource setting using child's assessed needs and criteria outlined in Attachment B of this chapter.

   A. Give preference and first consideration for foster care placement to a grandparent or other relative/kinship of a child as required in section 210.565, RSMo.

   B. If a relative/kinship cannot be considered, document thoroughly in the case record the reasons a placement cannot be made with the relative/kinship.

   C. Placement should be made with a family that has the capacity to meet all of the needs of the child including the child's cultural identity on a long-term basis;

   D. Maintain child in current placement facility if child's condition requires other corrective treatment and begin plan for child's move;

   E. Conduct a resource search using ACTS/ZVRS transaction, if foster family care is needed; or, if family is located in another county.

      The Division prefers that minor mothers and their children be placed with the same foster family if either or both are in CD custody.

   F. Complete CS-9 and refer to Residential Care Screening Team (RCST) if needs assessment indicates residential care services at Levels II, III, or IV are needed;

NOTE: CD staff may serve as foster parents for public and private agencies other than our Division. If employees provide foster care services for another agency, they may not accept for placement a child who is in the custody of CD. This includes emergency foster care and respite care. The only exceptions to this policy are.

- A child in the custody of CD may be placed with an employee if all parental rights have been terminated and the intent is for that employee to adopt the child. In this situation, the Division will refer the employee to an agency with a special adoption contract to provide supervision of the placement; and

- If a child of a relative/kinship or child of a close friend of an employee is placed in the custody of CD, and it is in the best interest of the child to be placed with the employee, case management services shall be provided by a contracted individual. The home study for the employee and recommendation to the court shall also be provided by a contracted agency. There may be CD employees who are currently foster parents. The Division does not want to disrupt current placements, but no future children should be

placed outside the parameters of this policy, unless placement of a sibling is needed.

4. Assess selected resource for capacity to meet child's needs.

   A. Assess other selected resource if first choice does not have capacity to meet child's needs; or

   B. Assess, in cooperation with RCST, if referral is made to RCST.

5. Contact prospective resource to determine if it is available as a resource for the particular child.

   A. Continue search if resource is not available or does not wish to accept child.

   NOTE: RCST will make this contact for children referred for residential treatment.

   B. Begin recruitment activities for a foster or adoptive family if no appropriate resource is available according to the case plan and goal established for the child.

6. Make entry on CS-I, which describes the reason why a particular placement resource was selected.

7. Repeat steps 1 through 6 if replacement becomes necessary.

8. If an appropriate match does not exist within the county, a resource search shall be conducted using ACTS/ZVRS transaction. The Children's Service Worker may also send an e-mail request to selected counties and/or statewide, describing child's placement needs.

   If the resource search identifies a possible placement match in another county, the worker shall proceed by making contact with the county office to determine the appropriateness of the placement. The worker should give consideration to the need for visitation between parent and child and that CD will facilitate transportation. This may include reimbursement to placement providers, parents or others for transportation.

9. If an emergency residential placement is needed, obtain approval from designated Area personnel and, if necessary, initiate procedure for extended residential treatment.

10. If it appears that psychiatric hospitalization may be necessary, staff should follow local procedures for referral to the Psychiatric Diversion Team. The Psychiatric Diversion Team must approve all psychiatric hospitalizations.

11. When an appropriate match is identified, the Children's Service Worker contacts the placement provider and discusses the following issues and information: (For cross-county placements, the worker and local worker should determine who would provide information to the provider. Consideration should be given to conference calls to ensure all issues are communicated and to ensure coordination of placement activities).

    A. The Children's Service Worker should accurately describe the child to the placement provider(s) providing the following information: The description should include the child's strengths and his endearing qualities, not simply problem identification. It is extremely important for the worker to be totally honest with the potential placement provider about both positive and negative qualities and needs of the child:

        1. To ensure that the provider makes an informed decision about whether he/she has the time, commitment and resources to meet the child's needs;

        2. To avoid potential moves; and

        3. To prevent potential issues of mobility for the agency and placement provider.

            a. Age, sex, cultural identity;

            b. Siblings and the need to secure placement together, if possible;

            c. Personality/unique characteristics;

            d. Probable length of placement;

            e. Health of child, special medical needs;

            f. Disabilities, special equipment, facilities or help needed;

            g. Educational needs;

            h. Behavior, both positive and negative, that can be expected from the child. Behavior should be described in terms of patterns and not isolated incidents and normalized if typical to children at certain developmental stages. Prior destructive/violent/anti-social behaviors that have occurred should be mentioned. However, they should be discussed in terms of events that precipitated the behavior and treatment used to manage/modify the behavior.

            i. Child's relationship with the biological family and other persons significant to the child's life;

j. Major reason child is in out-of-home care;

k. A general indication of the case plan, including the plan for visitation and a preliminary estimate of how long the placement is likely to last; and

l. Interests/hobbies/talents of the child.

B. The Children's Service Worker explains to the placement provider(s) that the child is going through a series of adjustments (i.e., separation from parent(s), loss and grief issues, and anxiety at having to cope with other team members, a new family and new surroundings.) If known, the worker should describe the child's emotional response to the changes he is experiencing. Also, the worker suggests methods to help the child through these adjustments. The worker stresses to the placement provider(s) that there will be periods of difficulty during the placement and that the difficult times are no reflection on their parenting ability.

C. The Children's Service Worker should acknowledge the need for continuity of placement and the potential harm to the child if moved several times.

D. The Children's Service Worker should reaffirm availability to help the placement provider through difficulties. The worker should explain the Family Support Team's role and that the team will assist the placement provider in assessing the child and family's treatment needs and obtaining resources to address the needs.

E. The Children's Service Worker answers any questions/concerns the placement provider may have about the child and placement and identifies any special resources needed.

F. After the placement provider has discussed the placement with all household members, the Children's Service Worker obtains a commitment from the placement provider to accept the child for placement.

G. If the placement provider cannot accept the child for placement, the Children's Service Worker repeats the process until a placement resource is located.

H. If the placement provider can only provide a short-term placement for the child and this is the only resource available, the Children's Service Worker continues the process of seeking a placement, which better meets the needs of the child and family.

4.6 Preparing the Child for Placement

Preparation for placement will vary with each child and should be adapted to his/her age, experience; individual needs, personality, and circumstances necessitating placement, as well as any special problems presented by the prospect of placement.

Parents should be involved in as much of this process as is practically possible and appropriate for the child's best interest.

1. The Children's Service Worker shall take the following steps to prepare the child for placement:

   a. The worker should discuss out-of-home care with the child (what it means and the purpose) and the new events that will be happening in the child's life.

   b. The worker should describe the placement provider as follows:

      1) The foster family, the foster parent's other children, pets, the house, family activities, etc. and should share pictures of the foster family, if possible.

      2) The facility, other residents, rules, program design and educational, therapeutic, recreational services.

   c. The Children's Service Worker shall encourage the parent(s) to discuss the out-of-home care placement in a positive manner with the child. The worker shall also assist the family in notifying the child's school, doctors, dentists and others with whom the child may have been involved.

   d. The child should know, if possible, when he will see his/her family again. A visit shall take place prior to the 72-hour team meeting if the court has not restricted visitation. Consideration to restricting visitation should only occur when there is a danger to the child or if visitation would compromise legal testimony (i.e., perpetrator convincing child to change testimony). This visit may be in conjunction with the family assessment process.

Related Subject: Chapter 7, of this section, Attachment A, Visitation.

   e. The worker should discuss with the child, the child's feelings about the placement.

   f. If a pre-placement medical examination of the child was not obtained prior to placement, a HCY medical examination should be obtained within 24 hours after placement.

      1) If appropriate, the parent shall accompany the child for the examination.

      2) A copy of the medical report will be obtained and given to the placement provider, with a copy maintained in the file. The report shall also be

shared with the parent(s) if they are unable to accompany the child to the physician.

2. The placement provider shall meet the parent (if safety is not an issue) and child. There will be an opportunity at this time for the parents to share with the placement provider information regarding their child and to discuss methods to involve the parent(s) in the child's new school, medical appointments and other activities. The Children's Service Worker shall serve as the catalyst to assist the placement provider and parents in this beginning process of establishing a positive working relationship that will best assure that the child's needs are met.

3. The Children's Service Worker shall give the placement provider the following information:

   a. Copy of the CS-33 (Authorization to Provide Emergency Alternative Care).

   b. Medicaid eligibility letter (IM-29).

   c. Initial clothing authorization or information and procedures for obtaining clothing.

   d. Name and phone number of the child's current school.

   e. Name and 24-hour phone contact numbers of worker and supervisor.

   f. Dates and time of planned contacts with the parents, visits, and the 72-hour Family Support Team meeting and an explanation of the specific role the placement provider will play in the various meetings.

   g. Any other documents/reports required by the placement provider at the time of initial placement.

   h. Placement provider and Children's Service Worker sign off on receipt of CW-103/placement form.

4. The placement provider will be responsible for the following:

   a. Efforts should be made by the placement provider and the Children's Service Worker to involve the parent in educational, medical and other activities related to the child's placement.

   b. Notify child(ren)'s present school of child(ren)'s placement in out-of-home care and new school enrollment and inquiries of child's special educational placement.

   c. Enroll child in new school or preschool and make arrangements for special educational needs to be met.

d. Obtain any needed medical exam including 24-hour exam and follow-up medical treatment for child.

e. Documenting placement and other pertinent information in a life book for the child.

Related Subject: Chapter 6, of this section, Attachment A, Creating a Life Book.

5. The Children's Service Worker will be responsible for local county procedures for:

a. Notifying Eligibility Specialist of the placement. The Eligibility Specialist will notify the Family Support Division of placement and determine program eligibility for child.

b. Completion of SS-61 and, as appropriate, SS-63, SS-60, CS-9, CS-67, CS-67As and HCY MO 8809/CS for immediate services. (Emergency residential placements, day care, emergency evaluations, SAFE exams)

c. Have foster parent sign CS-44 (two (2) week notice waiver) if child is in an emergency foster care placement.

d. Scheduling the 72-hour team meeting and notifying all appropriate parties. If all team members are unable to attend, critical members are the parent, child, placement provider and Children's Service Worker. Verbal and/or written information from other team members should be obtained by the Children's Service Worker for presentation at this meeting. The meeting should be scheduled at a time and location convenient to the parent.

NOTE: This meeting should take place within three (3) working days of the child being taken into protective custody.

e. Notifying the child's school that they are the assigned worker for the family and solicit their involvement in treatment planning for the child.

MEMORANDA HISTORY: CS03-12; CS03-21; CS03-27; CD04-79